

Marie Ruth Audrose

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Mar 10

Age — 2 —

— —

— —

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Dr. H. Audrose

Wife

Mother's

Father's

Maiden Name

Name

May House

How long sick

Cause of

Primary

Gastro-Eructus

Death

Immediate

105

Accident, Suicide, Homicide

Reported by

H. S. Waller

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Robert D. Bartlett

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1907	Month Nov	Day 14	Age 58	Years 8	Months -	Days -
Sex Male	Color or Race White		Occupation		Birth-place Washington	
Married, Single or Widowed						
Name of Wife or Husband	—					
Father's Name	—		179		Father's Birthplace —	
Mother's Maiden Name	—				Mother's Birthplace —	
Name of person giving information	—				How related to deceased —	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

general exhaustion

How long

we only know

How long

Immediate

—

—

Are the name, age, sex, color, date and place correctly given above?

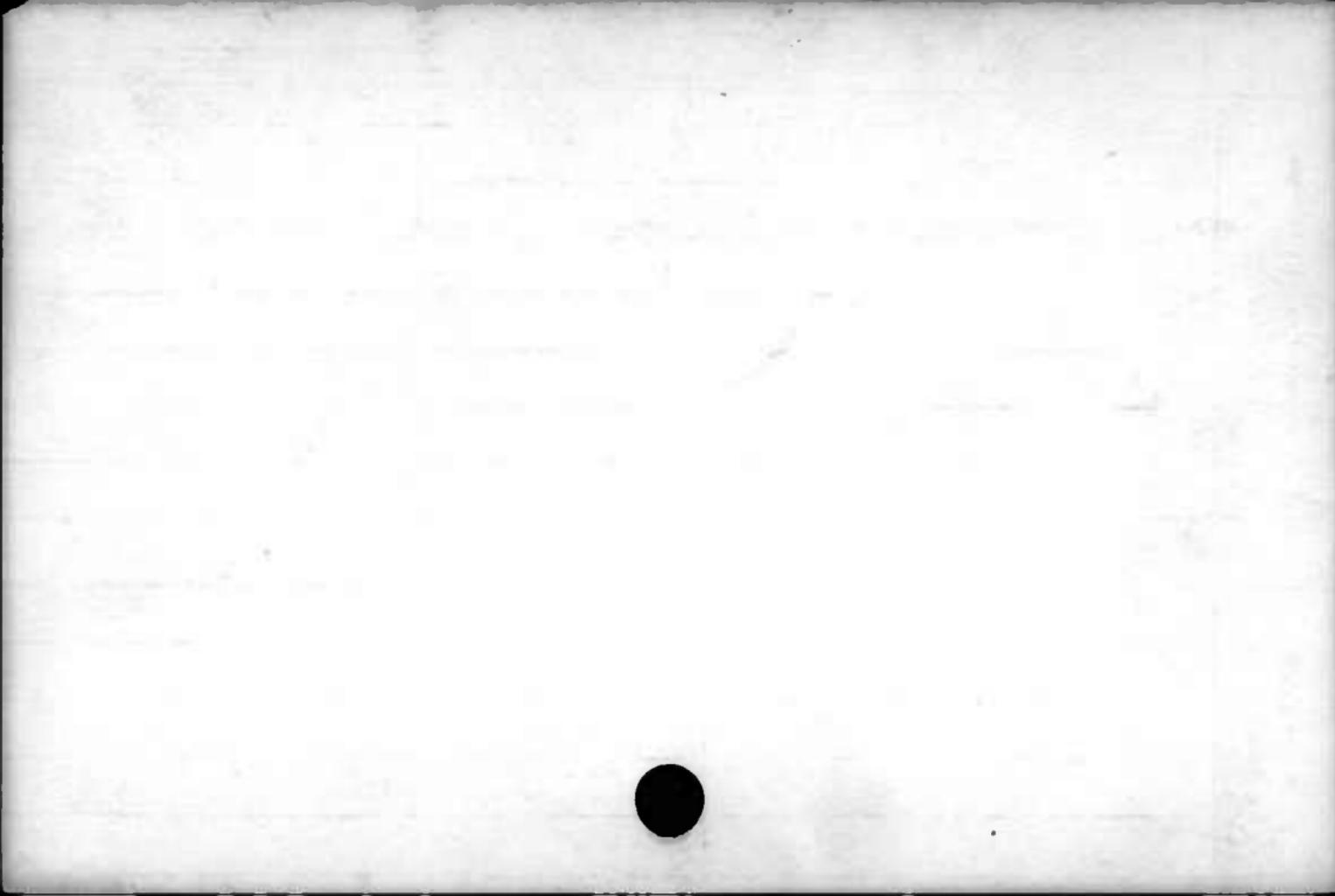
yes

Signature of Physician

Address

R. W. Wiley,  
Baltimore, Md.

Accident or Suicide?



Emma Barber Breakall, 114  
Town County

Died at Cumberland MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
02 Nov.	29		Age 31	7	29	Pa.	Housewife
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower			Number of children living	2

Husband of Amos J. Breakall

Wife

Father's

Name

Mother's

Maiden Name

Cause of Death

Primary	Hepatitis
Immediate	Exhaustion

How long sick

2 mo.

Accident, Suicide, Homicide

Reported by

Dr. L. Broadup MD

Address

100 Va. Ave.

Cumberland Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

John Basket

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Barton</b>		Town		County <b>allegany</b>		MARYLAND	
Date of death 1902	Month <b>Nov</b>	Day <b>11</b>	Age <b>1</b>	Years <b>1</b>	Months <b>1</b>	Days <b>2</b>	
Sex <b>Male</b>	Color or Race <b>white</b>	Occupation <b>✓</b>		Birthplace <b>Barton</b>			
Married, Single or Widowed <b>✓</b>							
Name of Wife or Husband <b>✓</b>							
Father's Name <b>John Basket</b>					Father's Birthplace <b>Alley Co</b>		
Mother's Maiden Name <b>Elsie Miller</b>	<b>151</b>				Mother's Birthplace <b>Alley Co</b>		
Name of person giving Information <b>Elsie Basket</b>					How related to deceased <b>Mother</b>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary **Tuberculosis** How long **✓**

Immediate **✓** How long

Are the name, age, sex, color, date and place correctly given above? **Yes**

Signature of Physician

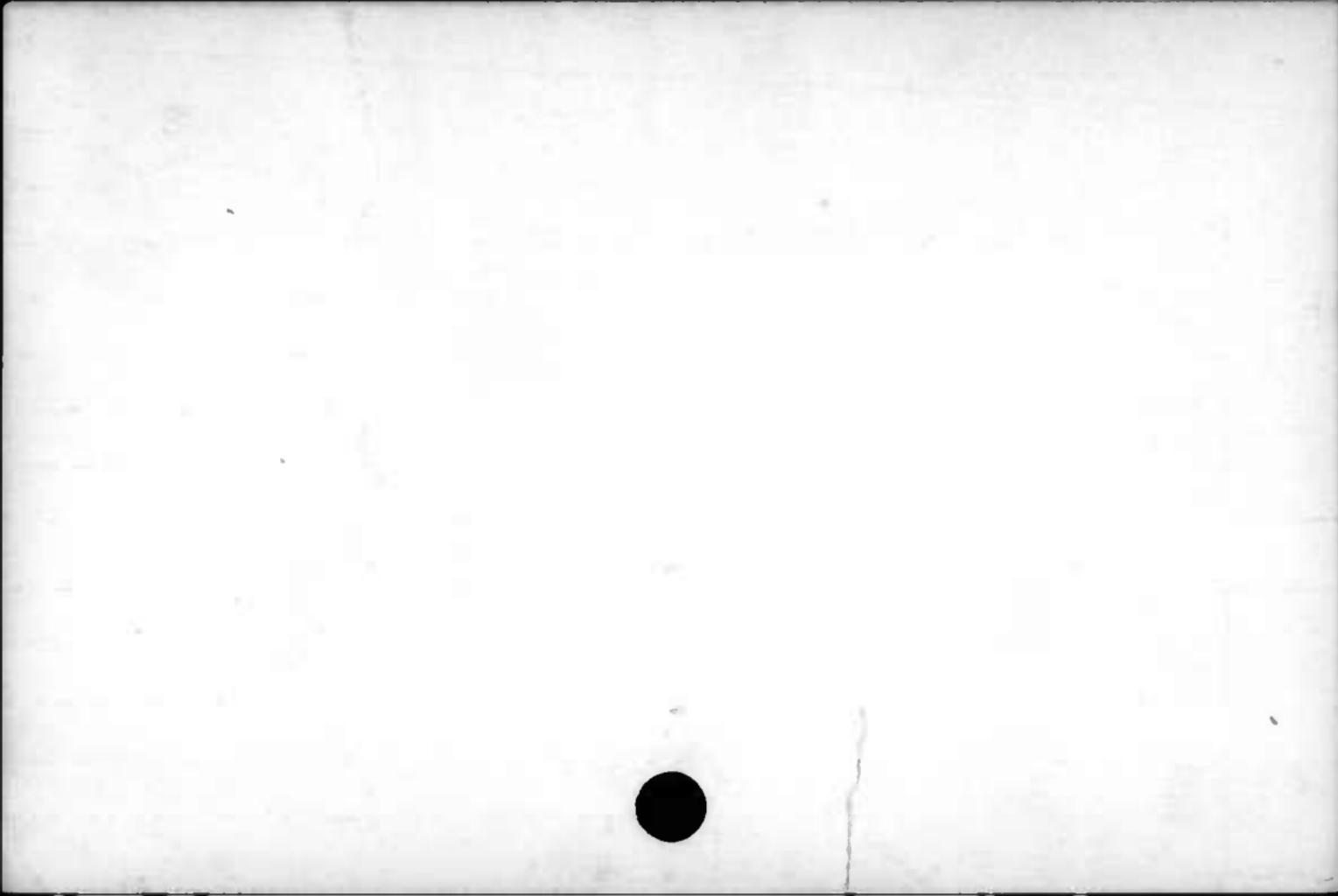
Address

**S. A. Bozich**

**Barton Md**

**J**

Accident or Suicide?



Name  
in  
Full

Charles Ben. Cawgill

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumberland</u>			Town <u>Cumberland</u>		County <u>Alleghany</u>		MARYLAND	
Date of death 1902	Month 11	Day 7	Age —	Years —	Months 1	Days 12		
Sex <u>Male</u>	Color or Race <u>White</u>			Birth- place <u>Cumberland</u>				
Married, Single or Widowed <u>Single</u>				Occupation				
Name of Wife or Husband								
Father's Name <u>Howard Cawgill</u>				Father's Birthplace <u>WVa</u>				
Mother's Maiden Name <u>Ada Fischell</u>				Mother's Birthplace <u>WVa</u>				
Name of person giving Information <u>Father</u>				How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

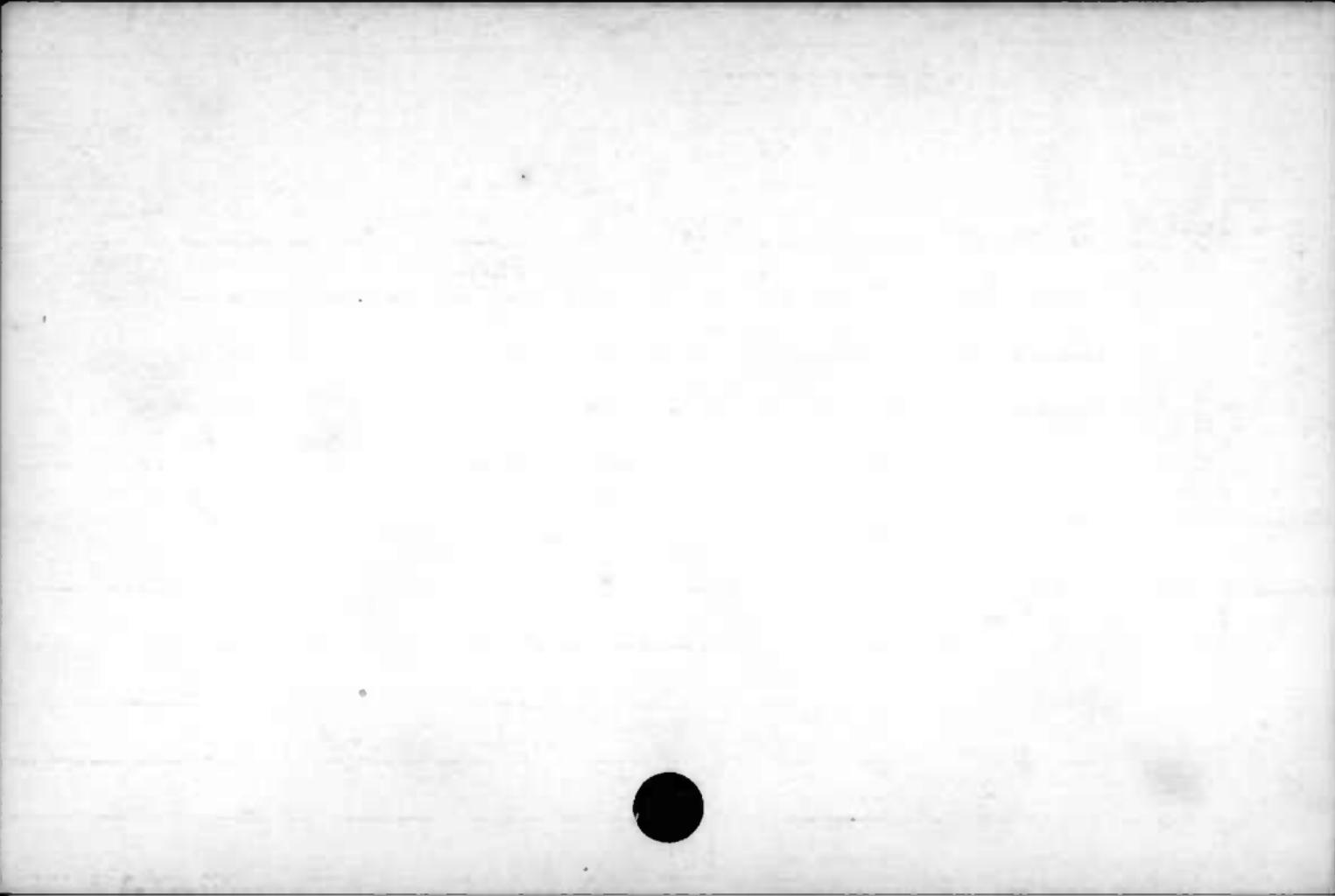
Primary Enteritis 105 How long one week

Immediate Convulsions How long few hours

Are the name, age, sex, color, date  
and place correctly given above? Yes Signature of  
Physician J. N. Fochman

Address

Accident or Suicide? X



Name  
in  
Full

Ellen Chambers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age	52	4	24
Married, Single or Widowed	Occupation	—			
Name of Wife or Husband	John Chambers				
Father's Name	Father's Birthplace	Ireland			
Mother's Maiden Name	Mother's Birthplace	" " " "			
Name of person giving information	How related to deceased	Brother			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic nephritis	190	How long	—	
Immediate	Hæmorrhage		How long	5 weeks	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	M. Gibson Portnoy	
			Address	Conacoming Md.	
Accident or Suicide?		No			



Name  
in  
Full

Frank Curtis

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Town	County	
Near Canal Tunnel		Allegheny		
Date of death 1902	Month 11	Day 7	Years 38	Months Days
Sex Male	Color or Race Black	Birth- place Hancock Md		
Married, Single or Widowed Single	Occupation Labour			
Name of Wife or Husband				
Father's Name Not Known	Father's Birthplace			
Mother's Maiden Name Rachel Curtis	Mother's Birthplace Hancock			
Name of person giving Information Mattie Robinson	How related to deceased None			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

No Physician

Bluff Hill Industrial

Hancock Md

Accident or Suicide?



Name  
in  
Full

John Custer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death 1902	Month nov	Day 30	Age 1	Year	Months 1	Days 26	
Sex Male	Color or Race white		Birth-place Alleg. Co.				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name	Chas Custer		190		Father's Birthplace	Garrett Co	
Mother's Maiden Name	Mary Clark				Mother's Birthplace	Garrett Co	
Name of person giving information	Chas Custer				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Bright's disease	How long
Immediate		How long

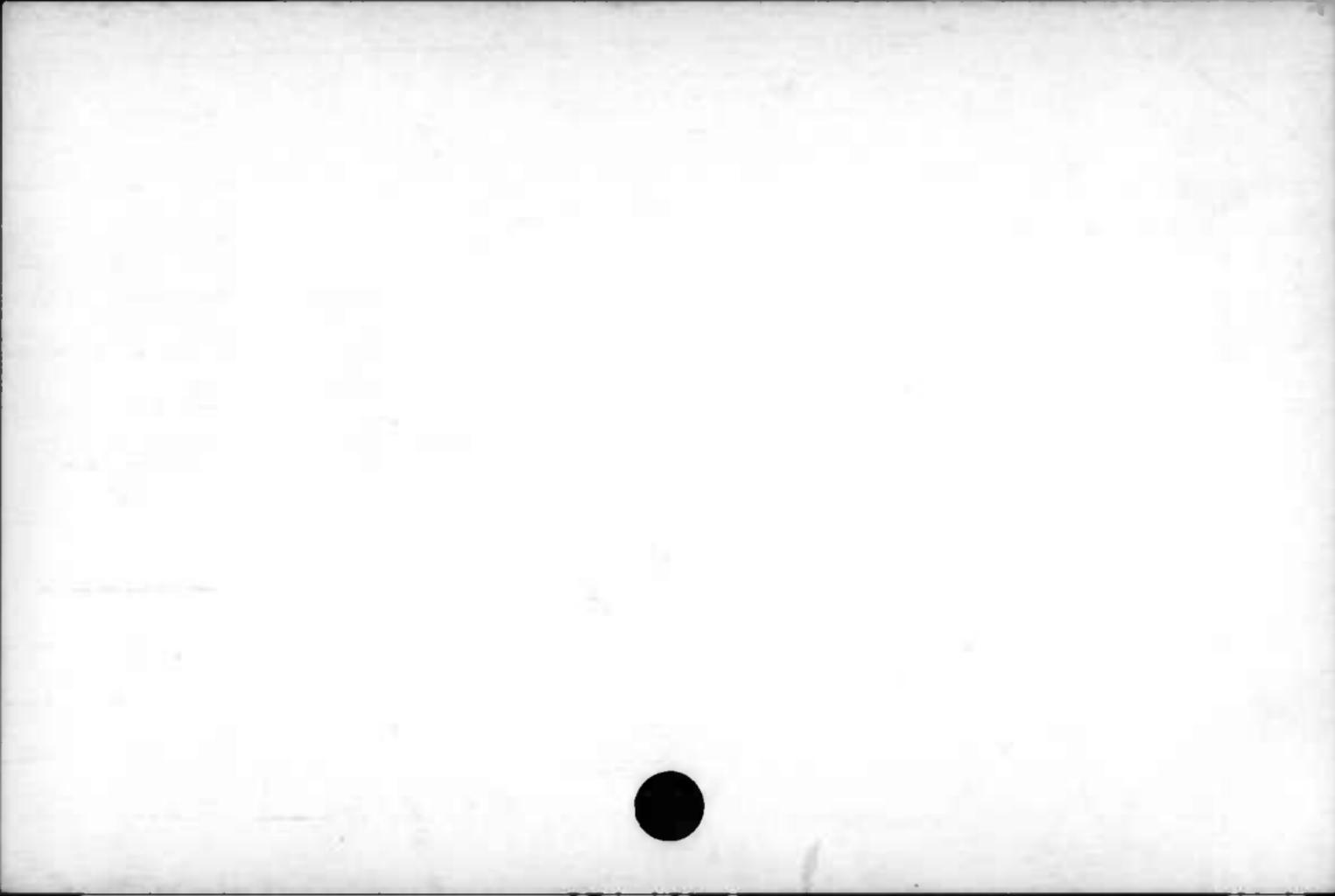
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. A. Bonner  
Baltimore Md

Accident or Suicide?



Name  
in  
Full

Helen Harlan Dickey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Died at	Cumberland	Allegh.				
Date of death	1907	Month	Day	Years	Months Days	
	Nov		13	2	6	-
Sex	female	Color or Race	white	Birth-place	Md	
Married, Single or Widowed	-	Occupation	-			
Name of Wife or Husband	-					
Father's Name	Howard T. Dickey	Father's Birthplace	Pa			
Mother's Maiden Name	Annie Roberts	Mother's Birthplace	Md			
Name of person giving information	(Self)	How related to deceased	None			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Diphtheria	9a	How long	3 days
Immediate	Syncope		How long	immediate
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	D. H. Brace M.D.	
		Address	Cumberland Md.	
Accident or Suicide?	-		X	



Name  
in  
Full

Donnie Bell Edwards

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1902	Month	Day	Age	Years	Months	Days	
Female		Color or Race	Black		Birth- place		Morgued W-Va
Married, Single or Widowed		Occupation		Housework			
Name of Husband		Isaac Edwards					
Father's Name		Carrat a certain		Father's Birthplace		bkt	
Mother's Maiden Name		Booth dead		Mother's Birthplace		Brown	
Name of person giving Information		Isaac Edwards		How related to deceased		Husband	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Sulmonary Tuberculosis

How long

about one year

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

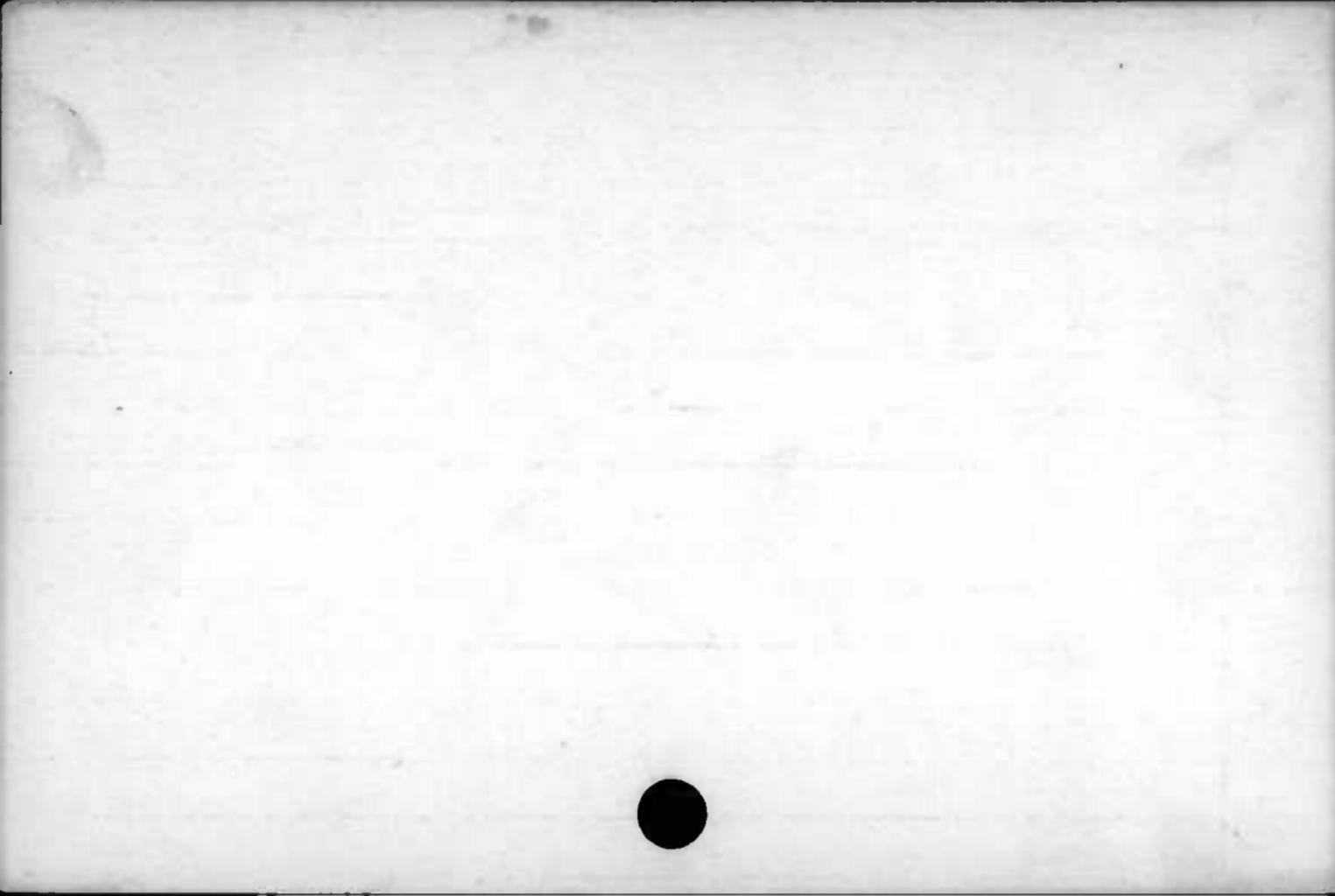
yes

Signature of  
Physician

Address

E. J. Duper  
Cumberland Md

Accident or Suicide?



Name  
in  
Full

alex Tasy  
Died at <sup>Town</sup> lumber yard.

CERTIFICATE OF DEATH

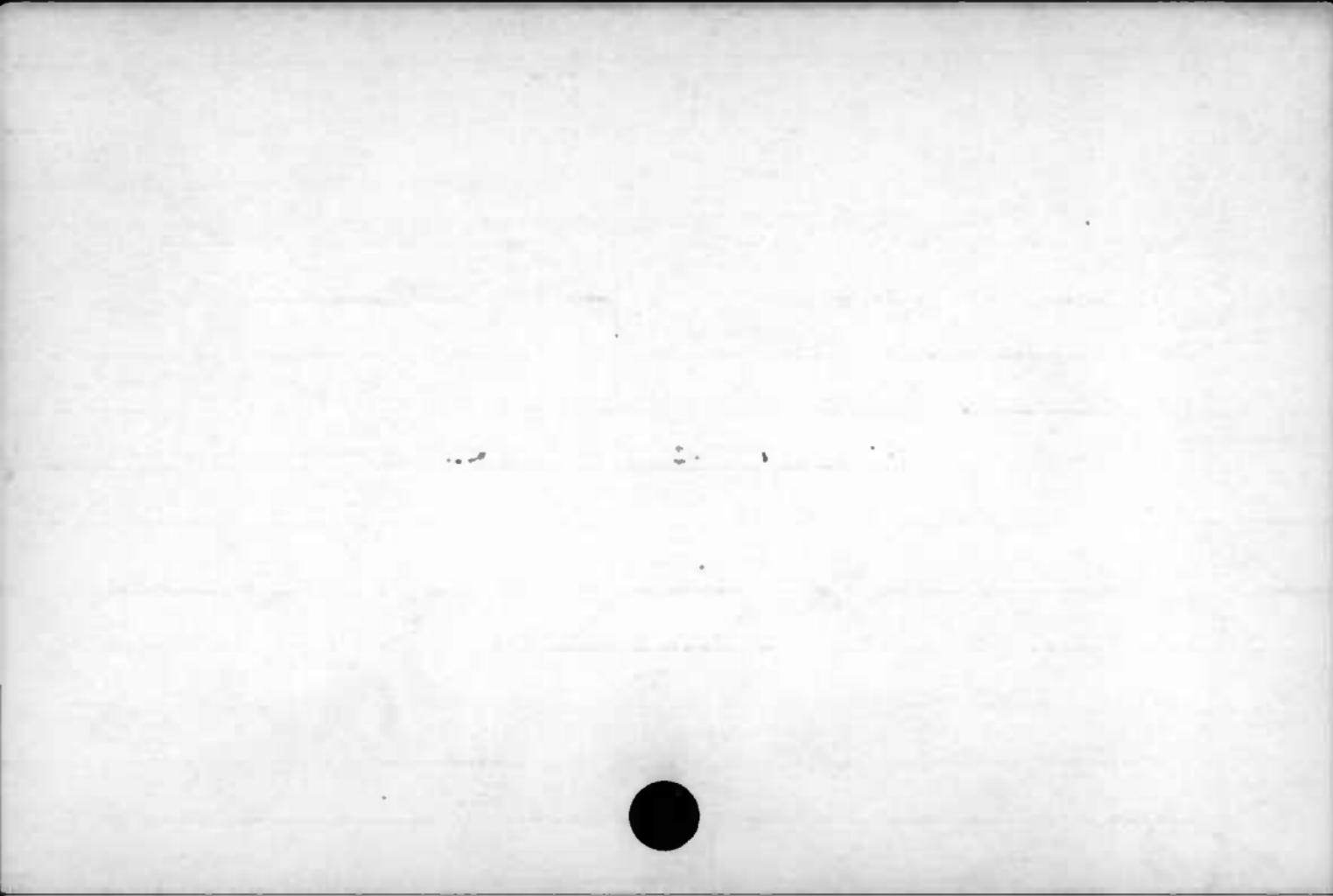
TO BE ANSWERED BY  
NEAREST FRIEND

Date of death 1902		Month Nov.	Day 12	Age 38	Years	Months	Days
Sex Male	Color or Race Col.				Birth- place N. C.		
Married, Single or Widowed Married				Occupation Wad carrier			
Name of Wife or Husband Middie Tasy							
Father's Name /				Father's Birthplace N. C.			
Mother's Maiden Name				Mother's Birthplace N. C.			
Name of person giving Information Dad				How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Bright's Disease	How long 2 hours
Immediate 4 hours	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Thos. W. Faxon, M.D.
	Address Anchorage.
Accident or Suicide? No	



Berrie May Francis

Town

County

MARYLAND

Died at

Cumberland

Allegany

Occupation

Date 1902

Month 11

Day 11

Y. 46

M. 12

D. 13

Native of

C.  
Divorced

Male

White

Age 46  
Married

Widow

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Raymond Francis Francis Francis

How long sick

Death

Immediate

Colic

1 day

Accident, Suicide, Homicide

Reported by

O. Thompson

Address

8118 1/2 1/2

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Green River Coffin Co.

Summer Corn

Amanda May Glaze

Diad at Cumberland County MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
<u>Nov.</u>	<u>7</u>	<u>19</u>	<u>02</u>	<u>23</u>	<u>Maryland</u>	<u>—</u>
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>Widow</u>	<u>Divorced</u>		
<u>Female</u>	<u>Colonist</u>	<u>Single</u>	<u>Widower</u>		<u>Number of children living</u>	<u>One</u>

Husband of John Glaze 27  
 Wife Wm Peters Mother's —  
 Father's Name — Maiden Name —

Cause of Death	Primary <u>Pulmonary tuberculosis</u>	How long sick <u>4 or 5 months</u>
Death	Immediate <u>Exhaustion</u>	<u>Accident, Suicide, Homicide</u>

Reported by James J. Johnson, M.D.  
 Address Cumberland Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Oneida Hilton					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Eckhart Mines		Allegany					
Date of death 190	2	Month 11	Day 11	Age 80	Years 11	Months 11	Days —
Sex	Female	Color or Race	White	Birth- place		Md	
Married, Single or Widowed			of Geo Hilton	Occupation		H H	
Name of Wife or Husband							
Father's Name				79		Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information				Warren Hilton		How related to deceased	
CAUSES OF DEATH							
Primary	Toxic Regurgitation				How long		5 yrs
Immediate	Dropsy				How long		4 wks
Are the name, age, sex, color, date and place correctly given above?				Yes	Signature of Physician	WOM Lane M.D	
					Address	Frostburg Md	
Accident or Suicide?							

PHYSICIAN  
OR CORONER

G + M  
Eekhut

Name  
in  
Full

Michael Hopkins

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Cumb	Allegany	Months	Days	—
Date of death 1902	Month 11	Day 26	Years 71	Age	—
Sex Male	Color or Race White	Occupation Laborer	Birth- place Ireland		
Married, Single or Widowed Married	Mary Ann				
Name of Wife or Husband Mary Ann					
Father's Name James Hopkins				Father's Birthplace Ireland	
Mother's Maiden Name James Hopkins				Mother's Birthplace	
Name of person giving Information James Hopkins				How related to deceased Son	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Indigestion	104	How long
Immediate			How long

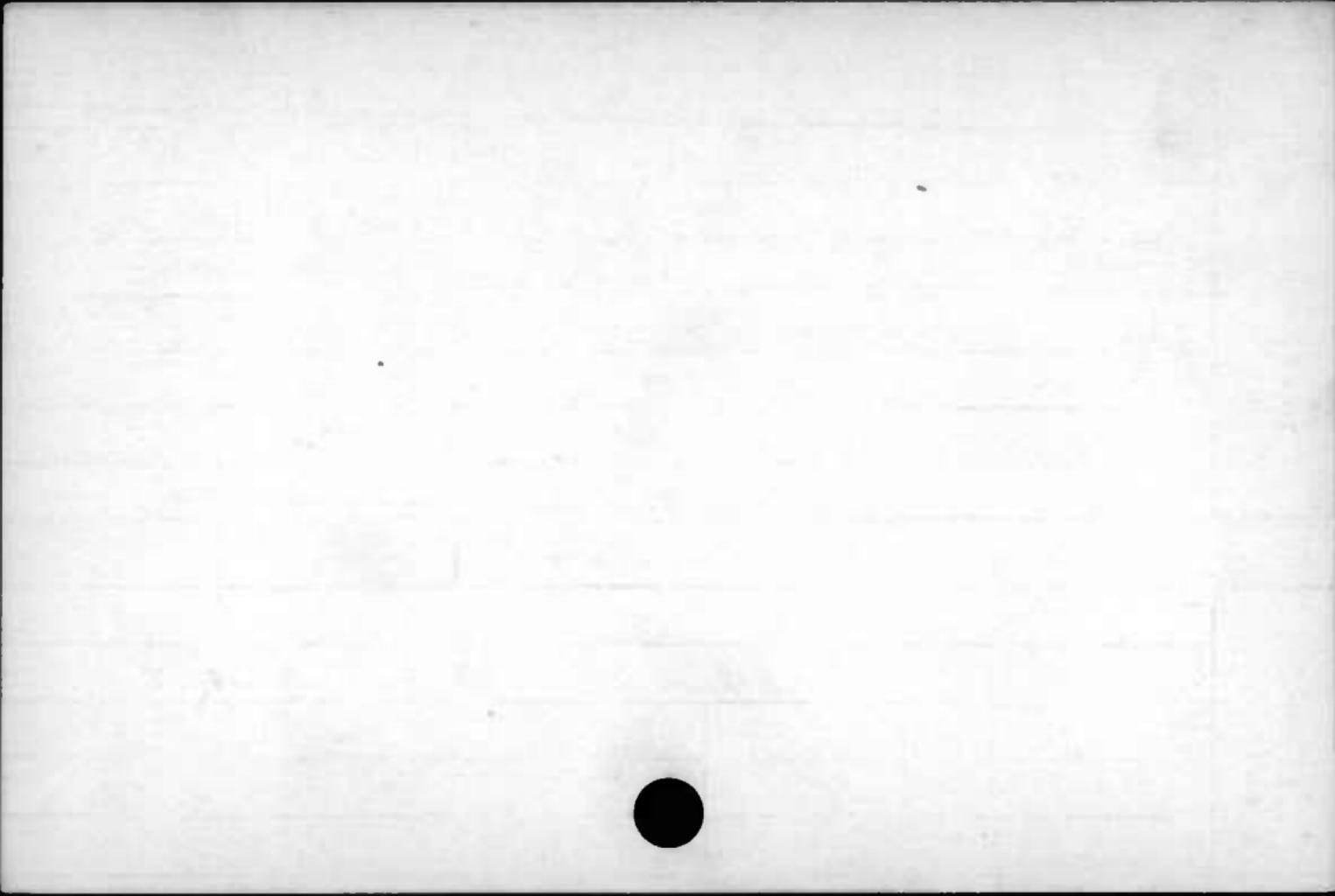
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide?

Yes L. Cauder  
George St.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

J

CERTIFICATE OF DEATH					
Died at	City	County	MARYLAND		
Date of death 190	Month	Day	Age	Years	Months
Frostburg			2 Nov	13	66
Sex <input checked="" type="checkbox"/>	Color or Race	White	Birth- place	near Cresson Md.	
Married, <input checked="" type="checkbox"/> or Widowed	Occupation Housewife				
Name of Wife or Husband	Salem Henshaw				
Father's Name	Lewi McTingie				
Mother's Maiden Name	Maria McTingie				
Name of person giving Information	Jane Bustam				
CAUSES OF DEATH					
Primary	Disease of heart & stomach			How long	one year
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician Address		
Yes			G. G. Jacobs Frostburg Md.		
Accident or Suicide?					

Accident or Suicide?

Nothing

C. F. Nickel

Allegheny

Name  
in  
Full

Harry McAllister King

CERTIFICATE OF DEATH

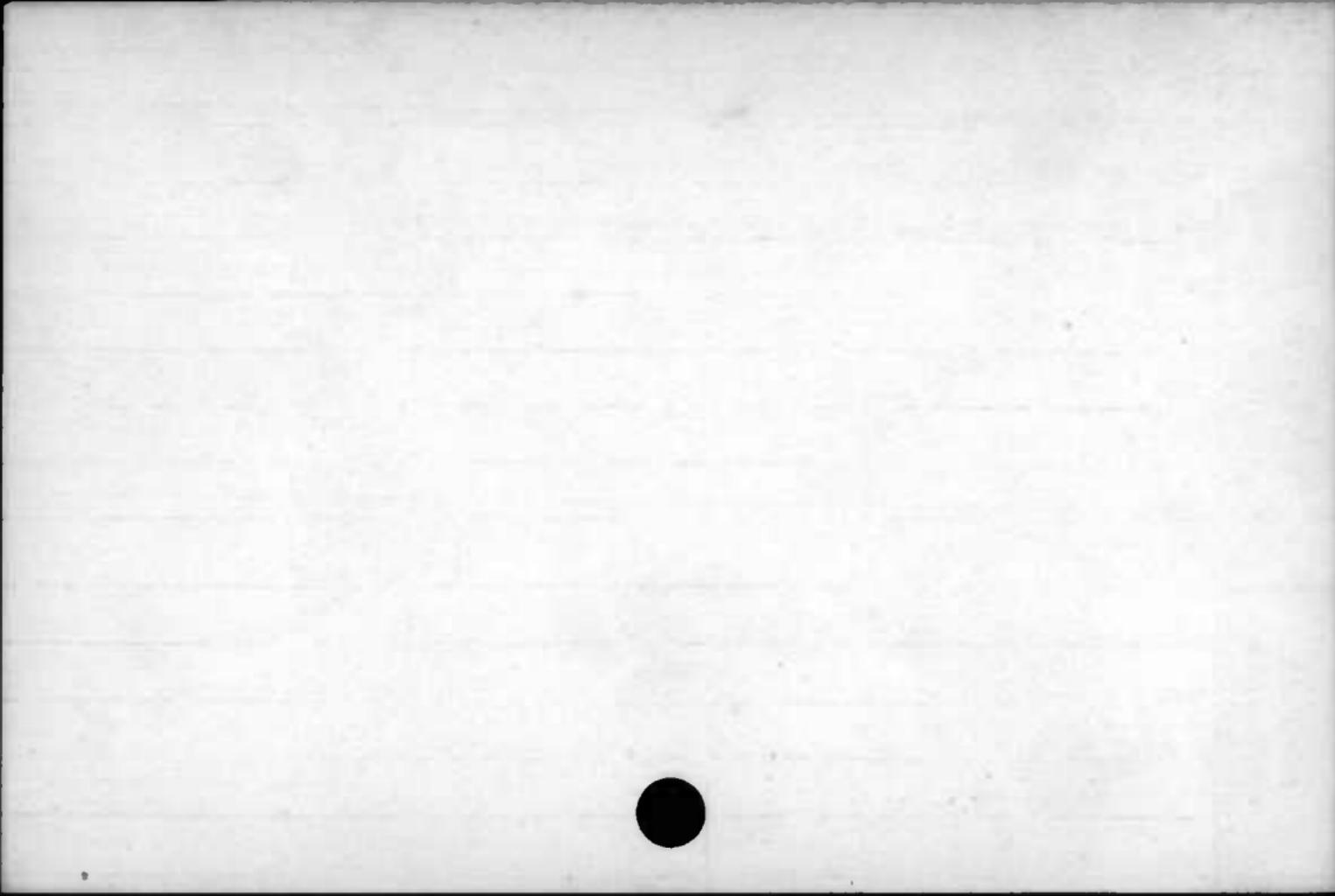
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at		Cumb	Allegany				
Date of death	1902	Month 11	Day 27	Years 14	Months —	Days —	
Sex	Male	Color or Race	White	Birth-place	King's Grove		
Married, Single or Widowed			Occupation	Clerk			
Name of Wife or Husband							
Father's Name	Clarence M. King			Father's Birthplace	•		
Mother's Maiden Name				Mother's Birthplace	•		
Name of person giving information	Undertaker			How related to deceased	166.		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Gun Shot Wound	How long	1/2 hour
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. J. Bonner born
Yes		Address	48 Baltimore St.
Accident or Suicide?		X	



Name  
in  
Full

Waneta Saure Marvin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County	MARYLAND	
Date of death 190	Month	Day	Years	Months	Days
2 Nov	6		6	5	—
Sex	Color or Race	Occupation	Birthplace		
Female	White	—	Md		
Married, Single or Widowed					
Name of Wife or Husband	Scott Marvin				
Father's Name	Scott Marvin				
Mother's Maiden Name	Laura Middleton				
Name of person giving information	Mother				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Hydrocephalus	150	How long	One week
Immediate	Exhaustion		How long	One day
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. B. McDonald	
		Address	2nd	
Accident or Suicide?	—		X	



Name  
in  
Full

Wallis Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County		
Died at Cumberland.		allegany	
Date of death 1902	Month Nov.	Day 23	Year 45
Sex Female	Color or Race	Age 45	
Married, Single or Widowed		Occupation	Birth- place Cumberland, Md
Single		Housework	
Name of Wife or Husband		Father's Name Robert Morris	
Mother's Maiden Name Miss Sullivan		Father's Birthplace Md.	
Name of person giving Information		Mother's Birthplace Md	
How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Operations former	How long
Immediate	Exhaustion & debility	How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Dr. W. F. Trow  
Cumberland, Md.



Accident or Suicide?

1514

James Mauley

Town

County

MARYLAND

Died at

Cumberland Allegany

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
02	11	9	Age	25			Low works
	Male	White	Married	Widow	Divorced		
	Female	Colored	Single	Widower		Number of children living	

Husband of

Wife

Father's

Mother's

Name

Maiden Name

121

Cause of

Primary

Ruptured hernia

How long sick

3 weeks

Death

Immediate

Gangrene due to infiltration

Accident, Suicide, Homicide

Reported by

WPS Elmhurst M.D.

Address



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <i>Lumberton</i>		Town	County <i>allegany</i>		MARYLAND	
Date of death 1902	Month <i>sep.</i>	Day <i>23</i>	Age	Years	Months	Days <i>9 days.</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>rad.</i>				
Married, Single or Widowed <i>Single</i>	Occupation					
Name of Wife or Husband						
Father's Name <i>Chas. Summey</i>	Father's Birthplace <i>rad</i>					
Mother's Maiden Name <i>Mary Barrett</i>	Mother's Birthplace <i>rad</i>					
Name of person giving information <i>Mother</i>	How related to deceased <i>mother</i>					

CAUSES OF DEATH

Primary *Premature Birth* 151 How long

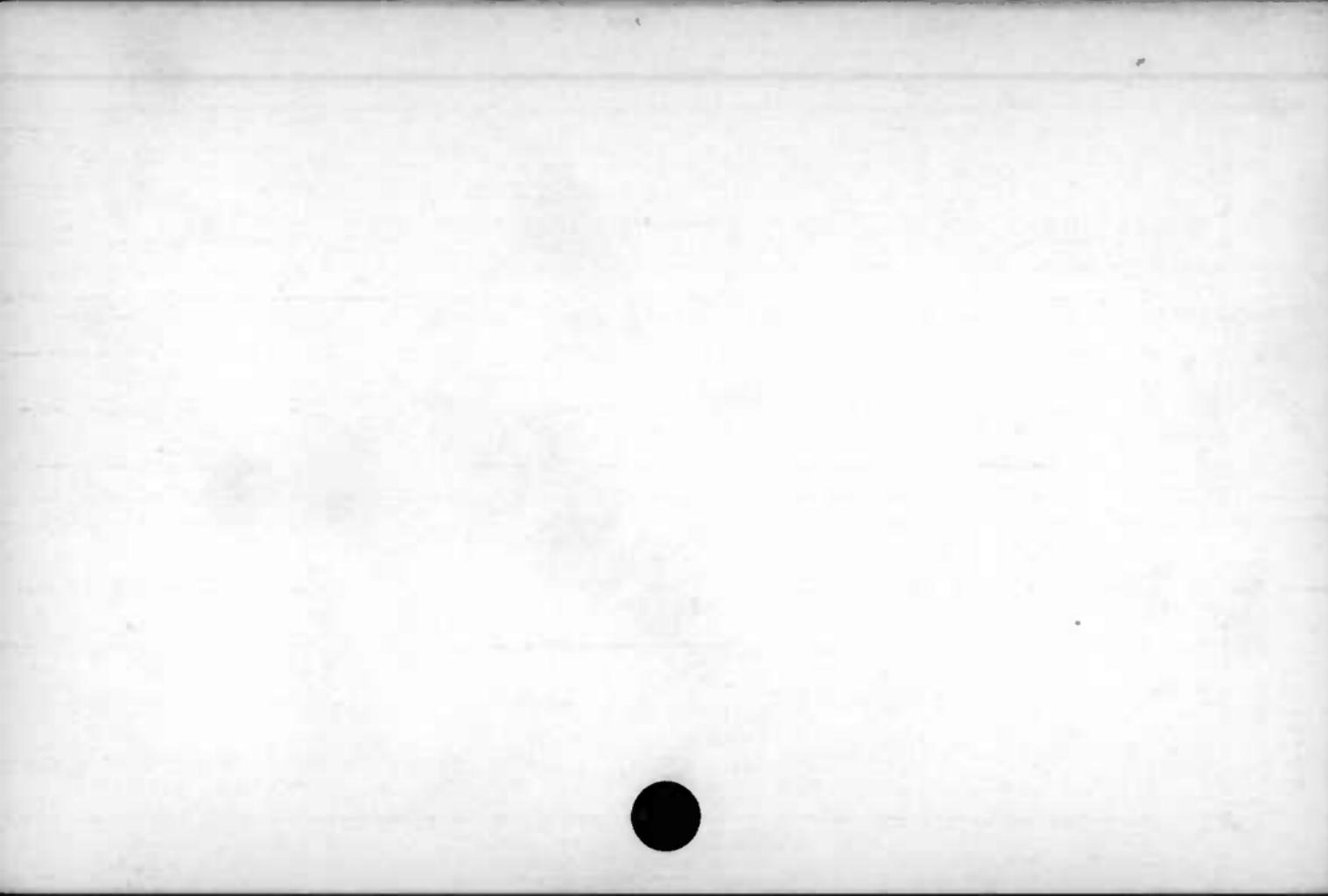
Immediate How long

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Chas. H. Ford*

Address

 *Lumberton, Md.*

Accident or Suicide? *X*



David W. Peebles

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

9

Died at		Town	County		MARYLAND		
Died at	Sonacoming	allegany					
Date of death	1902	Month Mr.	Day 27	Years 29	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Sonacoming, Md.		
Married, Single or Widowed	Single		Occupation	Miner			
Name of Wife or Husband							
Father's Name	Thomas Peebles		Father's Birthplace	Scotland			
Mother's Maiden Name	Mary Fleming		Mother's Birthplace	Scotland			
Name of person giving information	Thomas Peebles		How related to deceased	Father			

## CAUSES OF DEATH

Primary	Fracture of skull. Suspension of Shoulder Joint	How long
Immediate	Shock R.R. accident	How long 12 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
yes		Address
6 Proteins		
Sonacoming, Md.		
Accident or Suicide?		



Name  
in  
Full

Henry Persch

CERTIFICATE OF DEATH

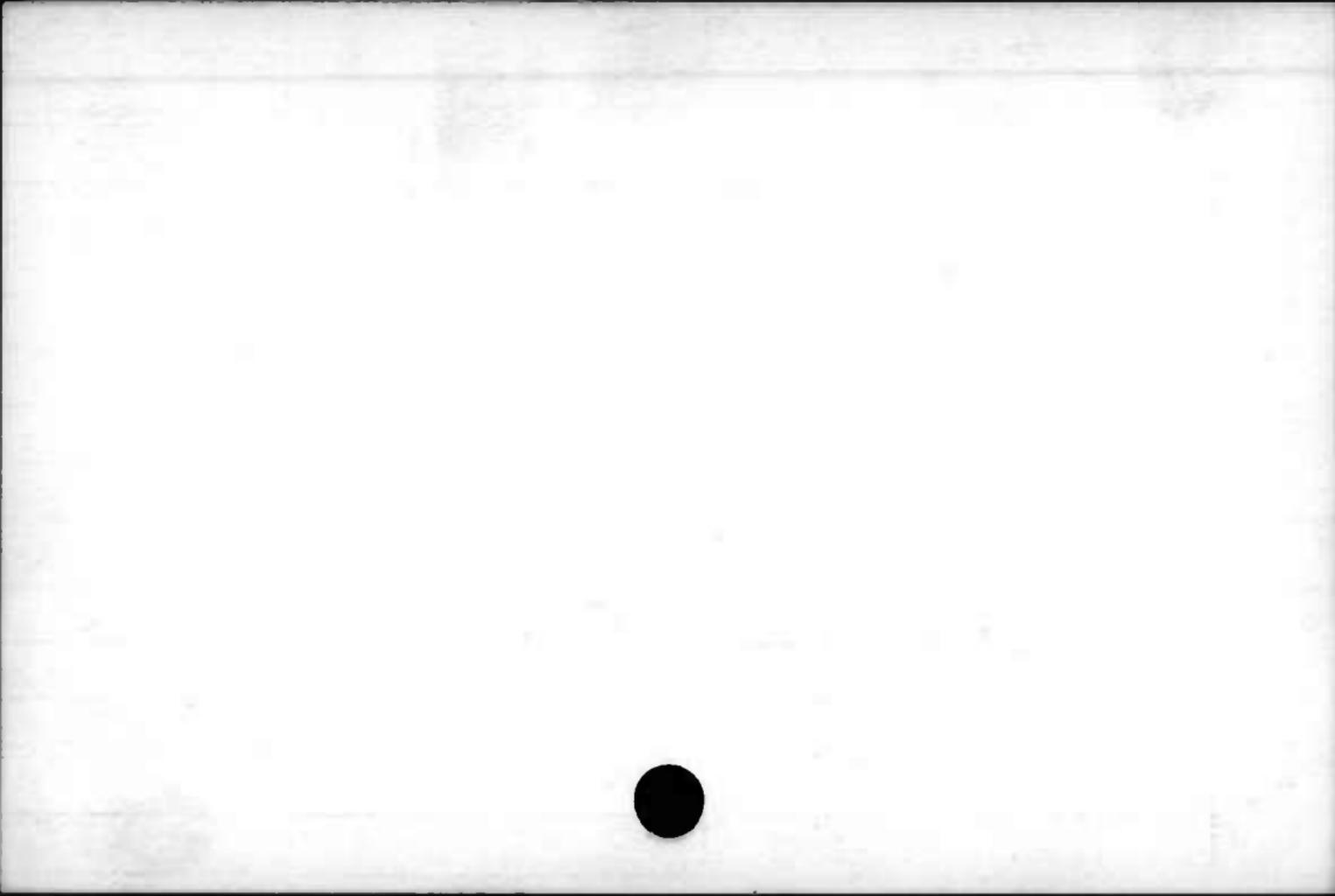
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Cumberland		County	MARYLAND		
Date of death 1902	Month Nov	Day 17	Age 51	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Germany	
Married, Single or Widowed	Single		Occupation			
Name of Wife or Husband			80			
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information	Physician		How related to deceased	not at all		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Angina Pectoris		How long	3 days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		D.H.S. Winkles	
	Address		Cumberland, Md.	
8	Accident or Suicide?			



Name  
In  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Q.

*Migraine Lark*

Died at		Town	County		CERTIFICATE OF DEATH		
Date of death 1932	Month Nov	Day	Age 63	Years	Months 6	Days 23	MARYLAND
Sex Female	Color or Race	White		Birth-place	Germany		
Married, Single or Widowed		Occupation					

Name of Husband *Lawrence Rank (deceased)*  
Father's Name *Casper Schmid* Father's Birthplace *Germany*  
Mother's Maiden Name *Prof. Knobly informant* Mother's Birthplace *Germany*  
Name of person giving Information *Philip Rank 63* How related to deceased *Son*

CAUSES OF DEATH

Primary	<i>Paralysis Agitans,</i>	How long	<i>One year</i>
Immediate	<i>degeneration</i>	How long	<i>One year</i>

Are the name, age, sex, color, date and place correctly given above?

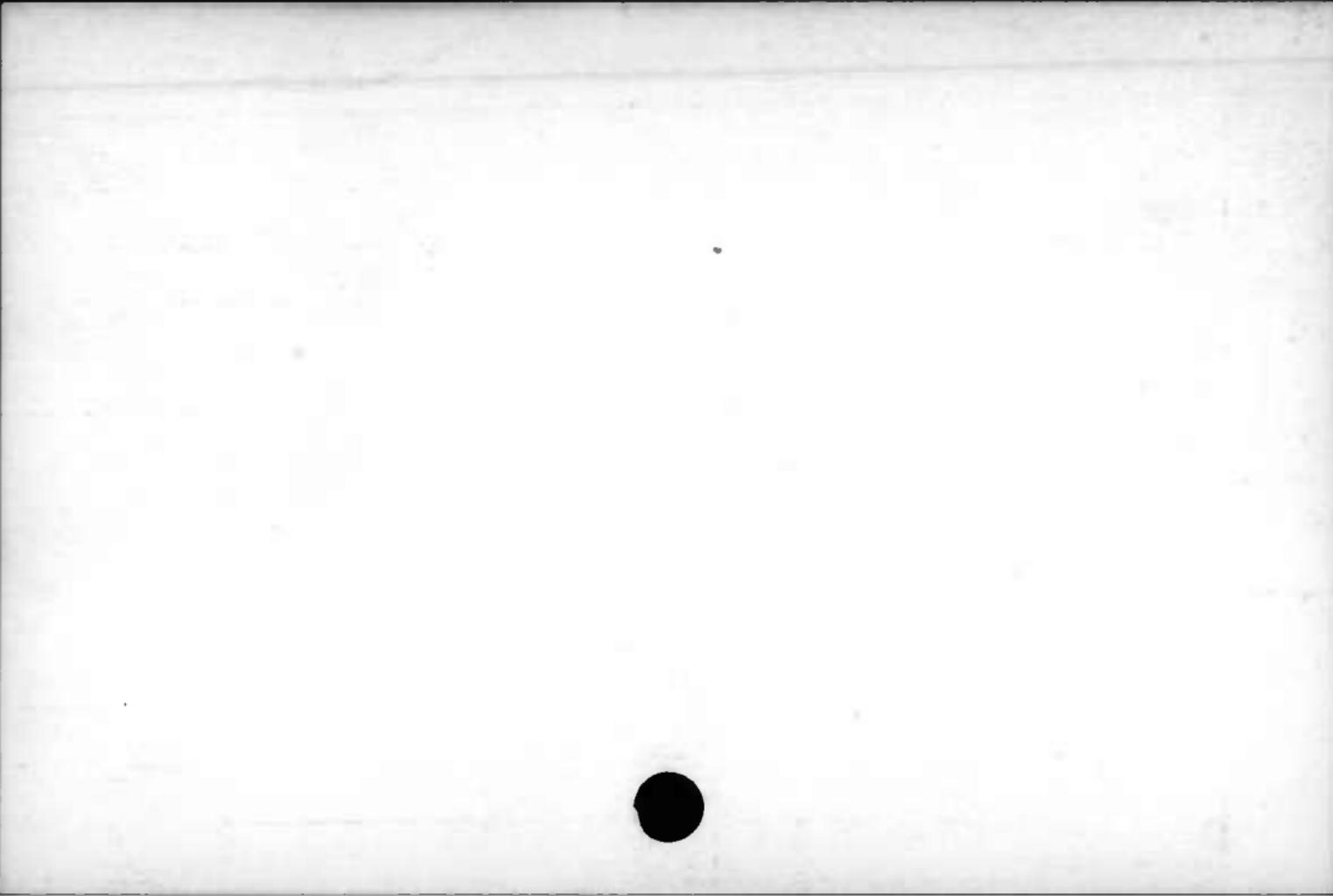
*yes*

Signature of Physician

Address

*W.B. Skilling,  
Lancaster, Pa.*

Accident or Suicide?



Name  
in  
Full

Gertrude J Ruehl

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month 11	Day 4	Years 5	Months	Days
Sex female	Color or Race american	Occupation	Birth-place	Baltimore	
Married Single or Widowed					
Name of Wife or Husband					
Father's Name	Wm Ruehl		Father's Birthplace	Germany	
Mother's Maiden Name	Sophia Ruehl		Mother's Birthplace	Baltimore	
Name of person giving Information	Wm Ruehl		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Meubronous Croup	How long	4 days
Immediate	Ex Haustion	How long	18 hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	J. L. Gardner	
	Address	Dunbarland Xmd	
Accident or Suicide?			



Name  
in  
Full

Catherine Breyfert

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Died at <u>Cumberland</u>			County <u>alleged</u>		MARYLAND		
Date of death 1902	Month <u>Nov</u>	Day <u>26</u>	Age —	Years —	Months —	Days 1	
Sex <u>Female</u>	Color or Race <u>white</u>	Occupation <u>cheese</u>					
Married, Single or Widowed <u>single</u>							
Name of Wife or Husband <u>—</u>							
Father's Name <u>Joseph B. Breyfert</u>	Father's Birthplace <u>W. Va.</u>						
Mother's Maiden Name <u>Anna E. Straub</u>	Mother's Birthplace <u>Pa</u>						
Name of person giving Information <u>Joseph B. Breyfert</u>	How related to deceased <u>Father</u>						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Want to know, died not see died

How long

How long

Immediate

15

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J. Russell Weston  
Cumberland, Md.

Accident or Suicide?



Richard Sanders

Town

County

MARYLAND

Died at

Cumberland

Allegany

Month

Day

Y

M.

D.

Native of

Date 1891

Male

Month

Day

Y

M.

D.

Native of

Female

Month

Day

Y

M.

D.

Native of

Female

Month

Day

Y

M.

D.

Native of

Husband

of

Wife

Father's

Name

Mother's

Name

Name&lt;/div

Cumberland Fire & Coffey Co  
Summer Exam

Name  
in  
Full

Anna Shoter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month Nov	Age	Years	Months	Days
Sex	Female	Color or Race	White	Birth- place	City
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Albert Shoter			Father's Birthplace	MD
Mother's Maiden Name	Anna Kreutz			Mother's Birthplace	MD
Name of person giving Information	Maurie Shoter			How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart Trouble	151	How long
Immediate			How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

As. T. Johnson  
Elmwood

8  
Accident or Suicide?

Sept 14th 1956  
St. Peter's Park  
Boulder, CO 80302

Name  
in  
Full

George Forman Rumpf

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1902	Month Nov.	Day 20	Age 35	Years	Months
Sex	Male	Color or Race	White	Birth- place	Md.	
Married, Single or Widowed	Single		Occupation	Machine- ist		
Name of Wife or Husband						
Father's Name						
Mother's Maiden Name						
Name of person giving Information						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Lansburghia

How long

6 years

Immediate  
Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Thos. W. Evans,  
Lansburghia, Md.

Address

Accident or Suicide?



Name  
in  
Full

Marion Smutz

CERTIFICATE OF DEATH

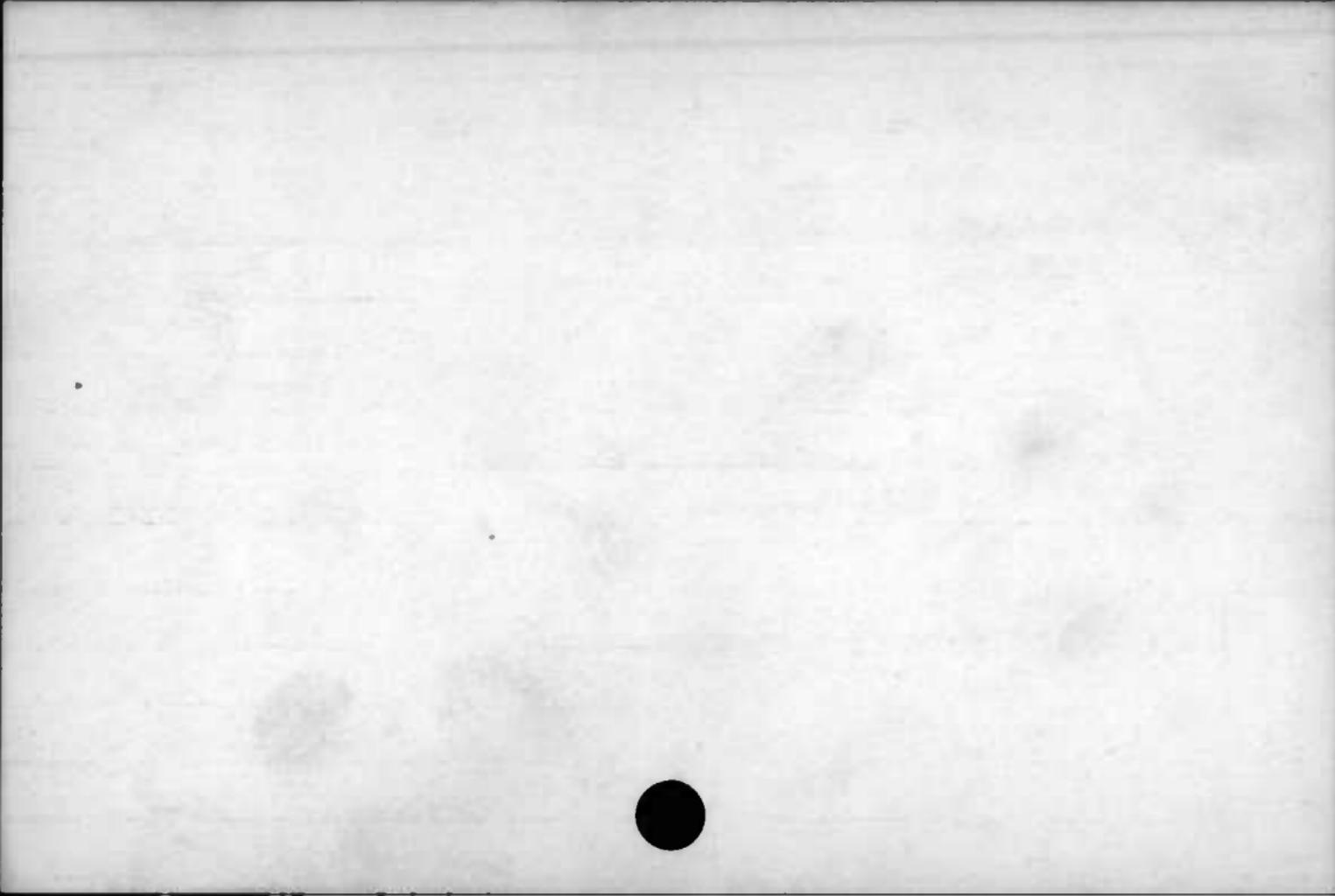
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1902	November	15	7	3	4
Sex	Color or Race	White	Birth-place	Cumberland	
Married, Single or Widowed	Occupation				
Name of Wife or Husband	Singer				
Father's Name	John Smutz			Father's Birthplace	Cumberland
Mother's Maiden Name	Mary Thomas 93			Mother's Birthplace	Cumberland
Name of person giving information	Mrs Smutz			How related to deceased	Grandmother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Double Pneumonia	How long	5 days
Immediate	Asphyxia	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. L. Barkdale M.D.
		Address	132 Virginia Ave.
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1902	Month Nov	Day 12	Age —	Years —	Months —	Days ones
Sex male	Color or Race		white		Birth-place	Cumb.
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name	J. J. Sommerville				Father's Birthplace	MD
Mother's Maiden Name	Mary A. Thronum				Mother's Birthplace	—
Name of person giving information	C. Brace				How related to deceased	none

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Insanity		151	How long	1 day
Immediate	—			How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C. K. Brace, M.D.		
		Address	Cumb. Md		
g			X		
Accident or Suicide?	—				



Name  
in  
Full

Mary Catharine Somerville

## CERTIFICATE OF DEATH

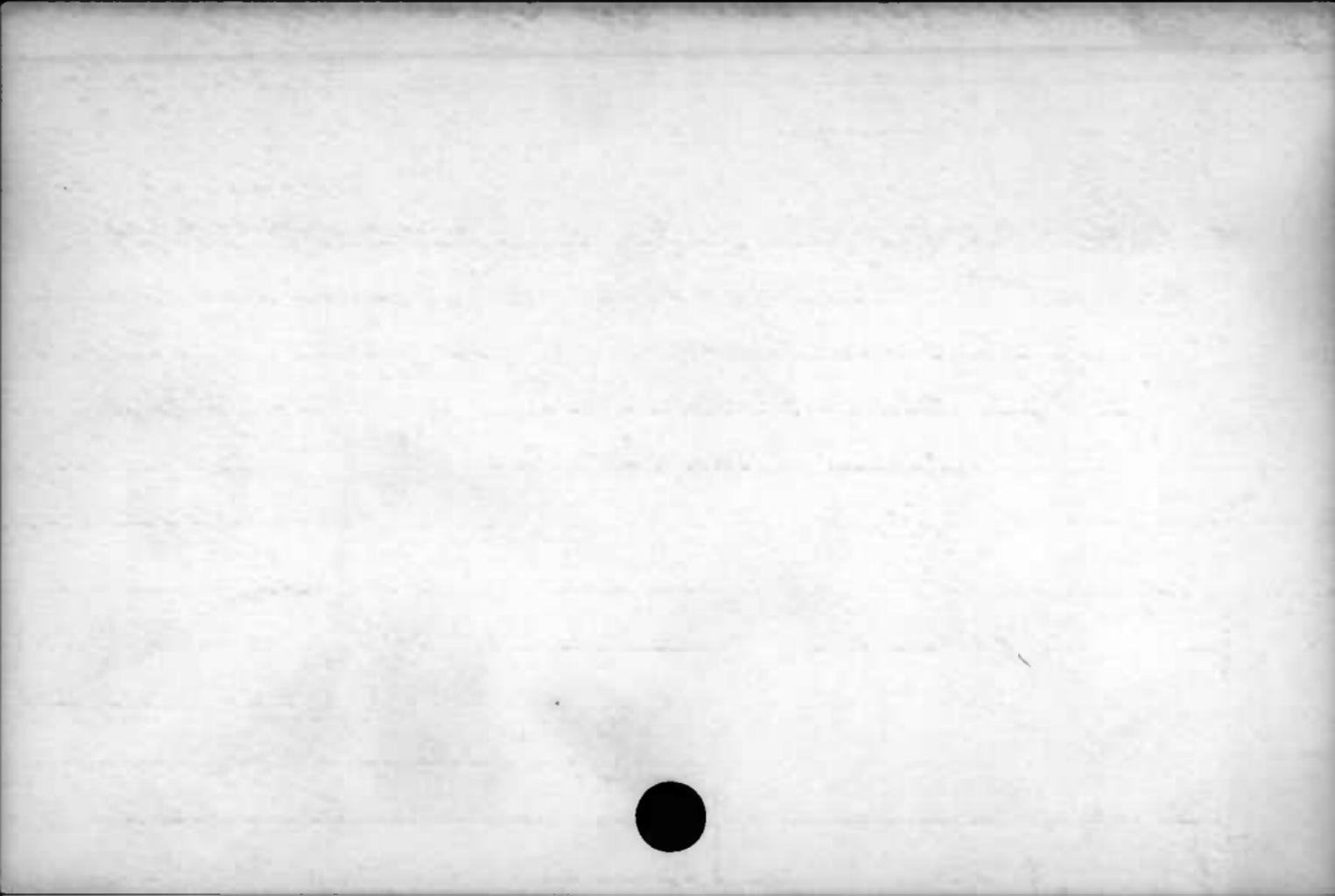
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1902	Month Nov	Day 15	Age —	Months —	Days 4
Sex	female	Color or Race	white		Birth-place	Md
Married, Single or Widowed	—	Occupation		—		
Name of Wife or Husband	—					
Father's Name	H. J. Somerville		Father's Birthplace		Md	
Mother's Maiden Name	Mary A. Brown		Mother's Birthplace		Md	
Name of person giving information	(self)		How related to deceased		none	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Inanition		151	How long	
Immediate	—		—	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	① H. Brace M.D.	
			Address	C. H. Brace M.D. Cumberland, Md.	
Accident or Suicide?		—			



Henry Stafford

Town

County

MARYLAND

Died at

Cumberland

Allegany

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age 83

Married

Widow

Scotch

Labour

Female

Colored

Single

Widower

Divorced

Number of children living

Husband of

Wife

Father's

Name

97

Mother's

Maiden Name

Cause of

Primary

Ashtray

How long sick

Several years

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. M. G.

Address

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



ALICE B TALLEY.

Town

County

Died at So. Cumberland Allegany

MARYLAND

Month

Day

Y.

M.

D.

Native of

Md.

Occupation

Housewife

Date 19

82

Nov. Q14

Age 52

--

--

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

Husband of

William S. Talley

Father's

Mother's

Name

Maiden Name

Cause of

Primary Tuberculosis

How long sick

1 Week

Death

Immediate Exhaustion from bronchitis

Accident, Suicide, Homicide

Reported by

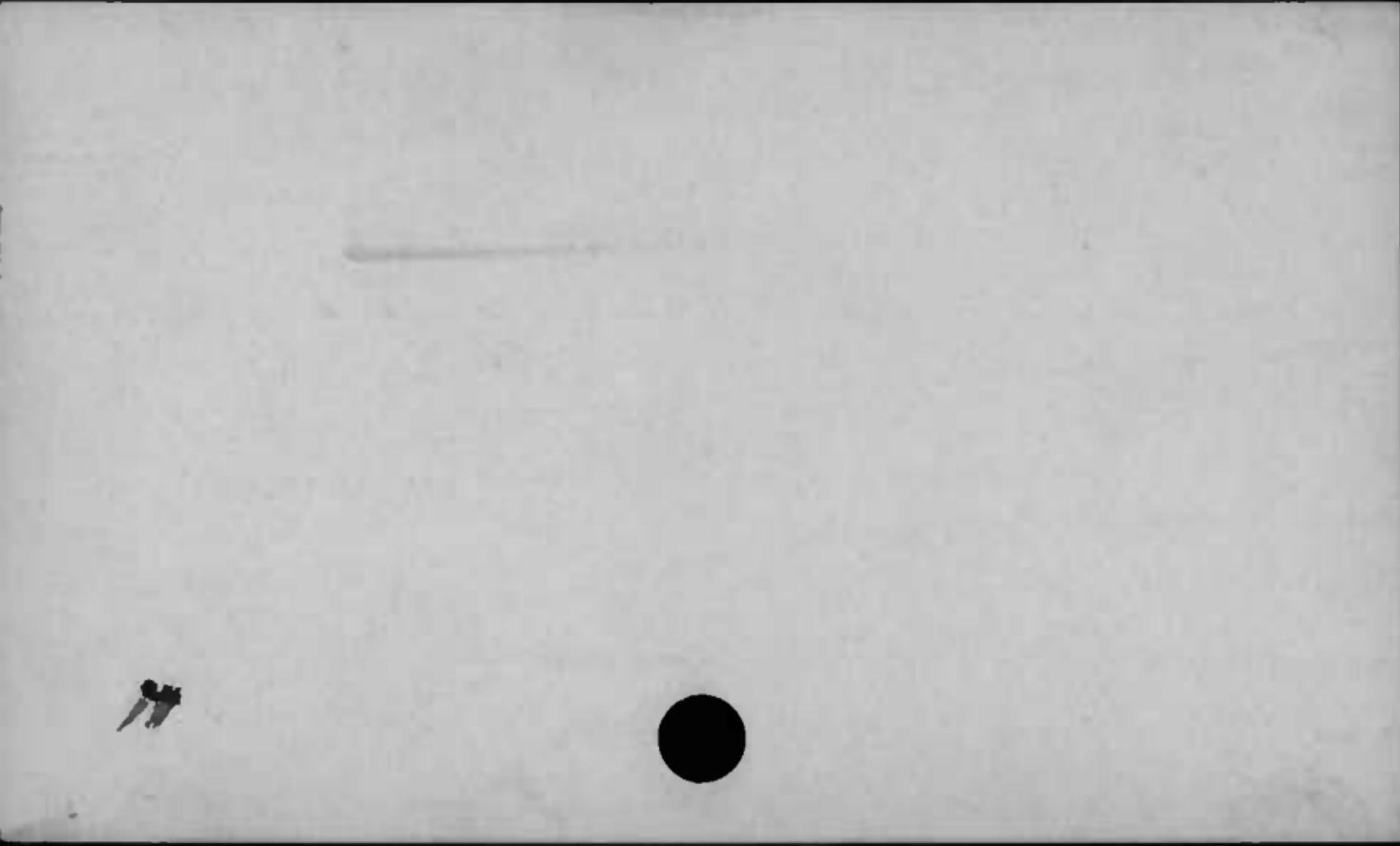
Geo. L. Broadup M.D.

Address

100 Va. Ave.

Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Robert Thompson

Town

County

Died at

Golden Chaffs, Baltimore MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1892	Nov	12	Age	60	0	Miner	Miner
Male	White	Married		Widow	Divorced		
Female	Colored	Single		Widower	Number of children living		

Husband of

Wife

Father's Name

Cause of Death

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Atlanta

Mother's Name

How long sick

24 hours

Accident, Suicide, Homicide



Attended by Dr. G. M. Allen

Seen by Coroner John  
of John

Information contained in this certificate received from John

Wannie Isadora Twigg.

Town

County

Died at Cumberland Allegany M. D. MARYLAND

Date 19 02 Nov. 6 Month Day

Native of

Occupation

Male

White

Age 13.8 M. Married

D. Widow

Md.

Divorced

Domestic.

Female

Colored

Single

Widower

Number of children living

Husband of \_\_\_\_\_

Wife

Father's

Name

David C Twigg

Mother's

Maiden Name

Melvina C.

Cause of

Primary Diabetes

How long sick

Death

Immediate Exhaustion

1 ; Month

50

Accident, Suicide, Homicide

Reported by

H. L. Broadbent M.D.

Address

100 Va Ave

Cumberland Md,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Unknown Man						MARYLAND
Town		County				
Alt Savage Junct		Allegany				Occupation
Month	Day	Y.	M.	D.	Native of	
11	30	19	02	35		
Male		Married		Widow		Divorced
Female		Colored		Widower		Number of children living
Husband of						H6
Wife						
Father's Name		Mother's				
Cause of Death		Primary		Raid Road Accident		How long sick
		Immediate				Accident, S. side of H. 6
Reported by		W. T. Conner		Coroner		
Address		48 Balt St				X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Devota M. Valentine

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1907	✓	Month Dec	Day 10	Years 5	Months 8	Days —
Sex Female	Color or Race white	Occupation		Birth-place Md		
Married, Single or Widowed Single	None —					
Name of Wife or Husband None —						
Father's Name C. A. Valentine	Father's Birthplace Md					
Mother's Maiden Name Rebecca Romine	Mother's Birthplace Bkt					
Name of person giving information C. W. Jackson	How related to deceased Bro. in law					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cramp	q	How long	5 days
Immediate	Asphyxia	q	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Q. J. + Brace, M.D.	
		Address	Cumberland	

J

Accident or Suicide?



Name  
in  
Full

Leona Whitehead

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Midlothian</u>		County <u>Allagashie</u>		MARYLAND			
Date of death <u>1902 Nov 13</u>	Month <u>Nov</u>	Day <u>13</u>	Years	Age <u>3</u>	Months <u>3</u>	Days <u>20</u>	
Sex <u>female</u>	Color or Race <u>white</u>	Occupation <u>105</u>					
Married, Single or Widowed							
Name of Wife or Husband							
Father's Name <u>Mr. Whitehead</u>	Father's Birthplace <u>England</u>						
Mother's Maiden Name <u>Mandy Whitehead</u>	Mother's Birthplace <u>America</u>						
Name of person giving information <u>—</u>	How related to deceased						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Cholera Infantorum</u>	How long <u>6 weeks</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>Dr. F. L. Lippman</u>
		Address <u>Midlothian</u>
Accident or Suicide?	<u>Ind.</u> <u>X</u>	

Intertek Middleton -

Intertek Thermelors

65m

Name  
in  
Full

Edward Williams

CERTIFICATE OF DEATH

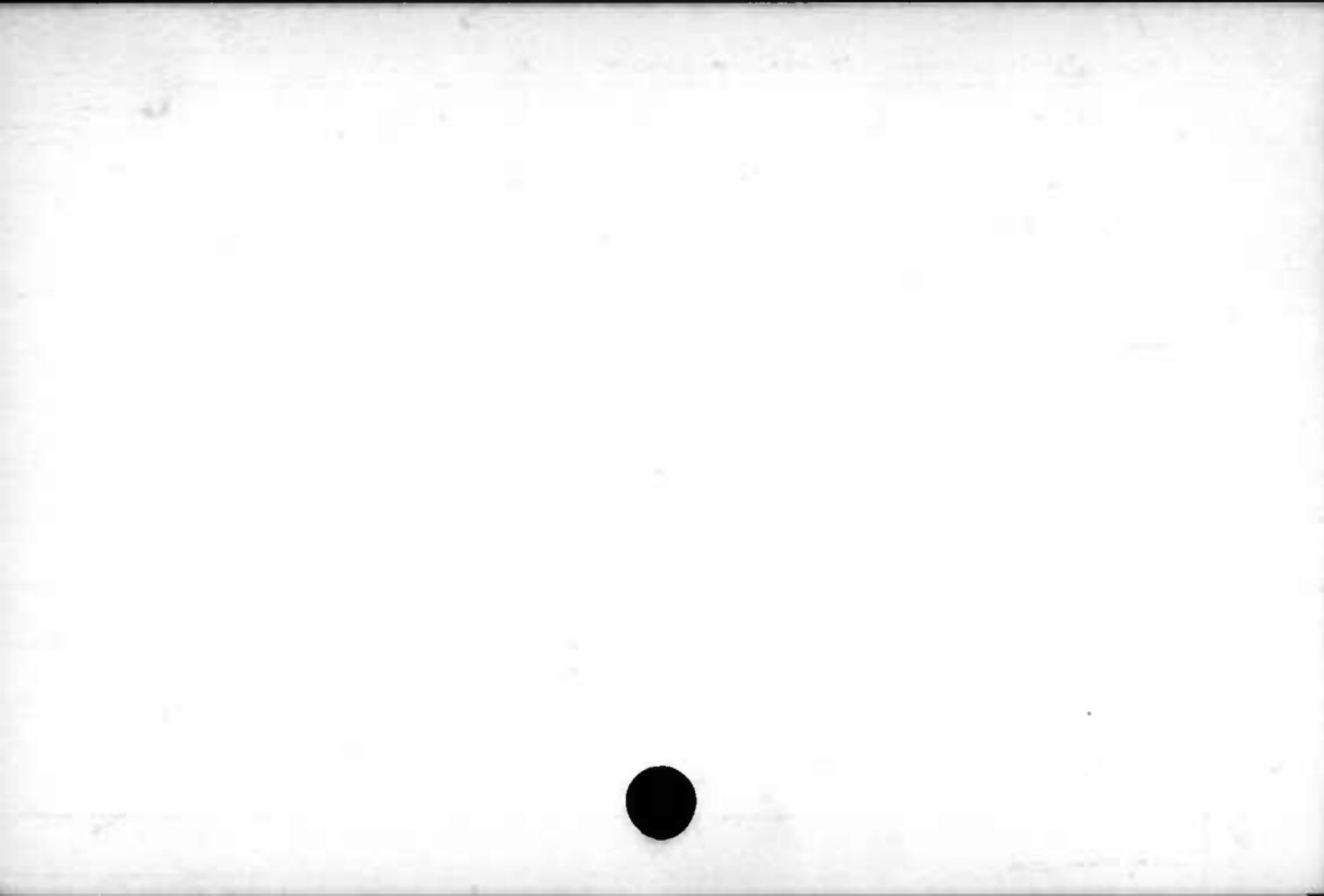
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Cumberland		Allegany			Months	Days	
Date of death 1902	Month Nov.	Day 25	Age 28	Years	—	—	
Sex Male	Color or Race Black	Occupation Laborer		Birth-place Virginia			
Married, Single or Widowed Single							
Name of Wife or Husband							
Father's Name				Father's Birthplace	Virginia		
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information Himself				How related to deceased	No relation		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid fever & Consumption		How long	3 months
Immediate	Exhaustion		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	JM Spear
			Address	Cumberland MD
Accident or Suicide?		X		



Name  
in  
Full

William Williamson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1902	Month 11	Day 22	Years	Months 3	Days
Sex	Male	Color or Race	Age colored		Birth-place	Burnd
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name	George Williamson				Father's Birthplace	
Mother's Maiden Name	Mollie				Mother's Birthplace	
Name of person giving information	Mollie Williamson				How related to deceased	Bold

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	lunation	151	How long
Immediate			How long

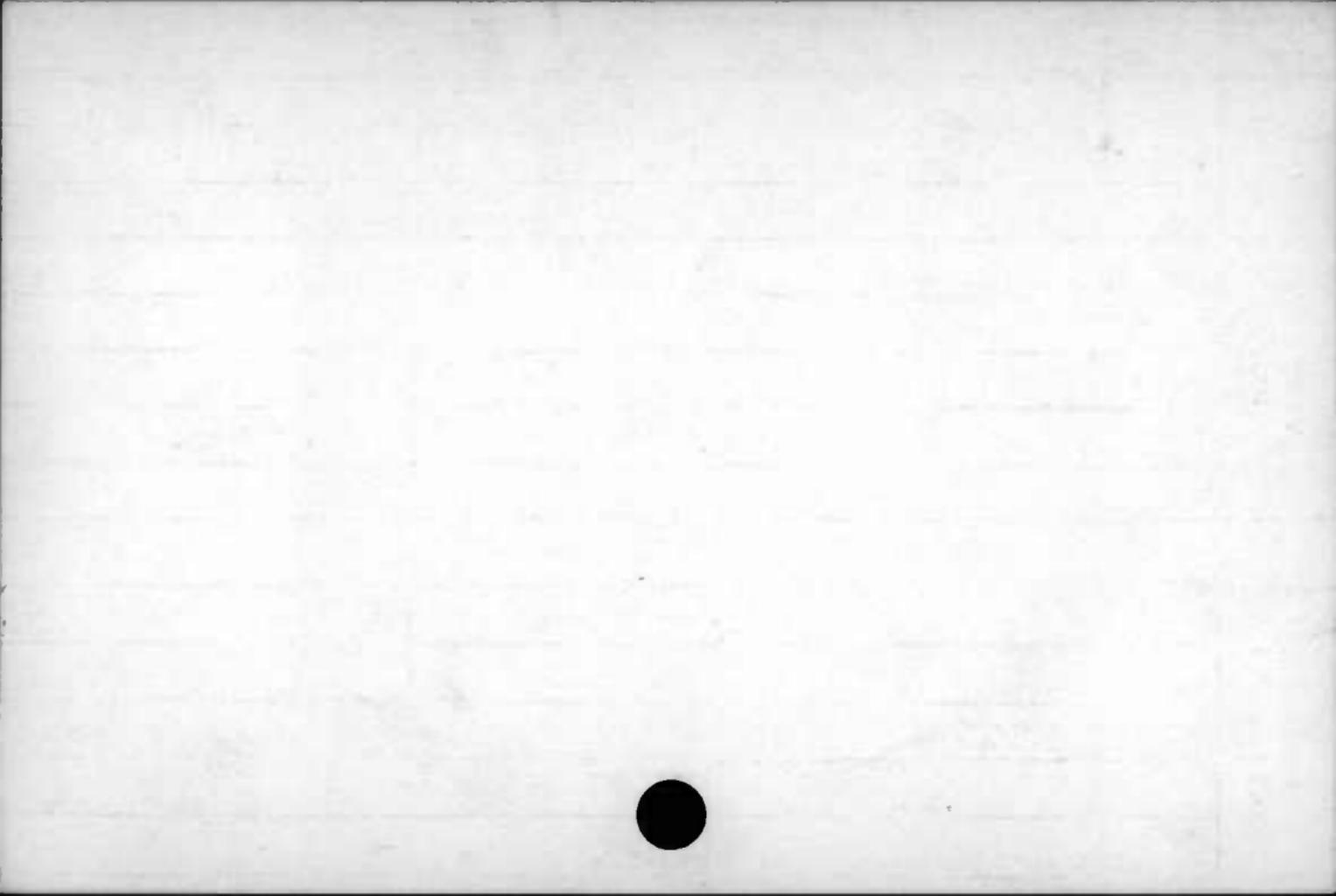
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. Hawkin

Accident or Suicide?



Name  
in  
Full

Baby Wilson

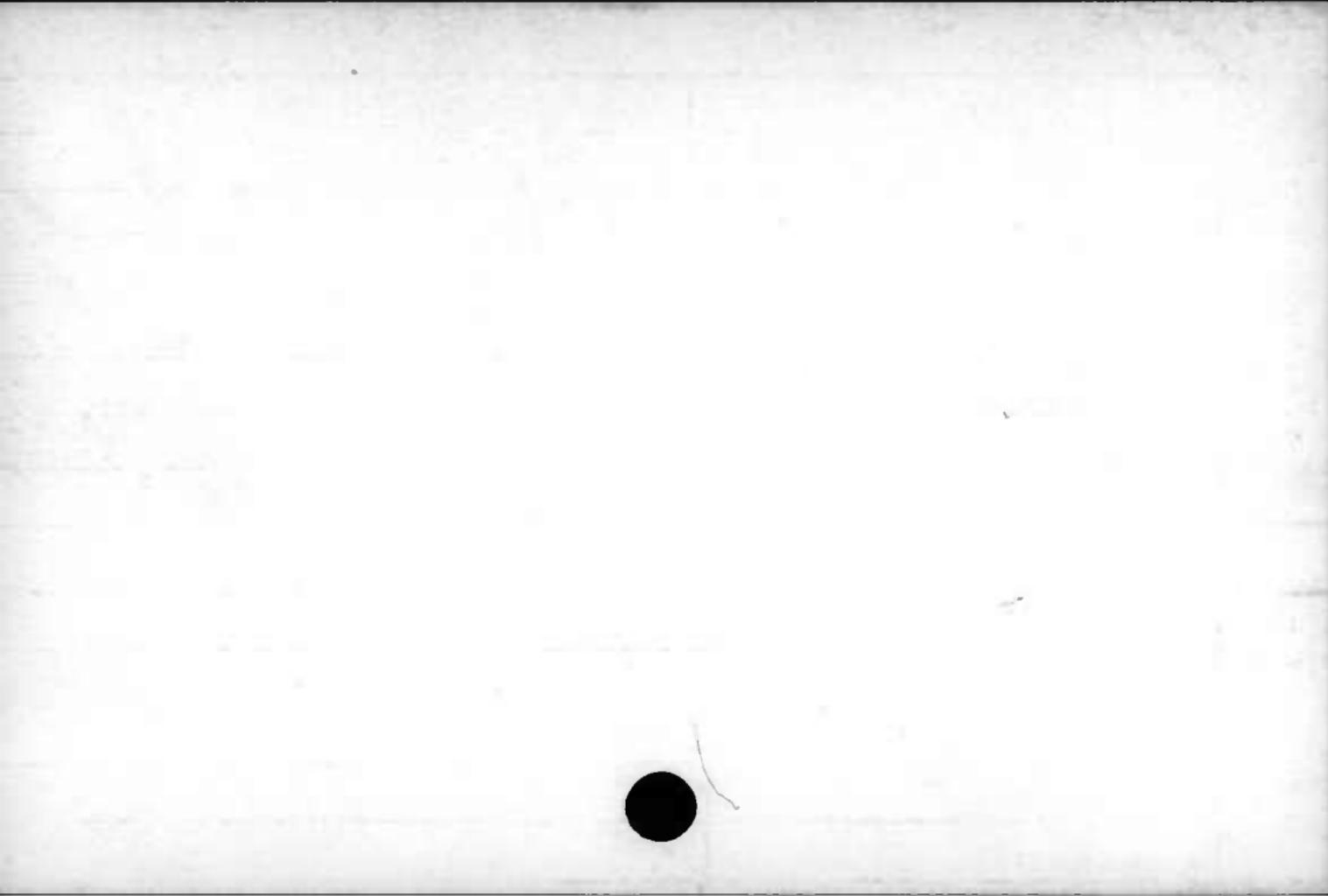
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Died at	Pekin		allegany				
Date of death	Month	Day	Years	—	Months	Days	
1902	Nov	10	Age	—	—	28	
Sex	Male	Color or Race	White	Birth-place	Maryland		
Married, Single or Widowed	Single		Occupation	—			
Name of Wife or Husband	—						
Father's Name	James Wilson			Father's Birthplace	Scotland		
Mother's Maiden Name	Elizabeth Stanley			Mother's Birthplace	Maryland		
Name of person giving Information	Elizabeth Wilson			How related to deceased	Mother		

CAUSES OF DEATH

Primary	Influenza	How long	2 weeks
Immediate	Broncho-Pneumonia	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	M. J. Porter
		Address	Concordia N.Y.
Accident or Suicide?	D		



Name  
in  
Full

John Herbert Wink

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Frostburg		County Allegany	MARYLAND	
Date of death 1902	Month 11	Day 20	Years —	Months 22	Days —
Sex Male	Color or Race White	Birth- place Frostburg			
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name William Wink			Father's Birthplace Md		
Mother's Maiden Name Mary Semper			Mother's Birthplace Md		
Name of person giving Information Father	How related to deceased				

CAUSES OF DEATH

Primary	Pneumonia	93	How long 2 wks
Immediate	Pneumonia		How long 2 wks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Dr. W. M. Lane	Address Frostburg Md
Accident or Suicide?			



to G. Nickel  
Indulaker  
Perry Cemetery.

Elizabeth Wortman,  
Town County

Died at	Cumberland			MARYLAND		
Date	19	Month	Day	Y.	M.	D.
02	Nov.	30		Age	76	
Male	White	Married		Widow	Native of Pa.	
Female	Colored	Single		Widower	Divorced	Occupation None
Wife of	John Wortman			Dec '11,	Number of children living 3	
Father's Name				Mother's		
				Maiden Name		
Cause of Death	Primary	Burns of Hip and Thighs			How long sick About 1 Mo.	
	Immediate	Exhaustion			Accident, Suicide, Homicide	

Reported by

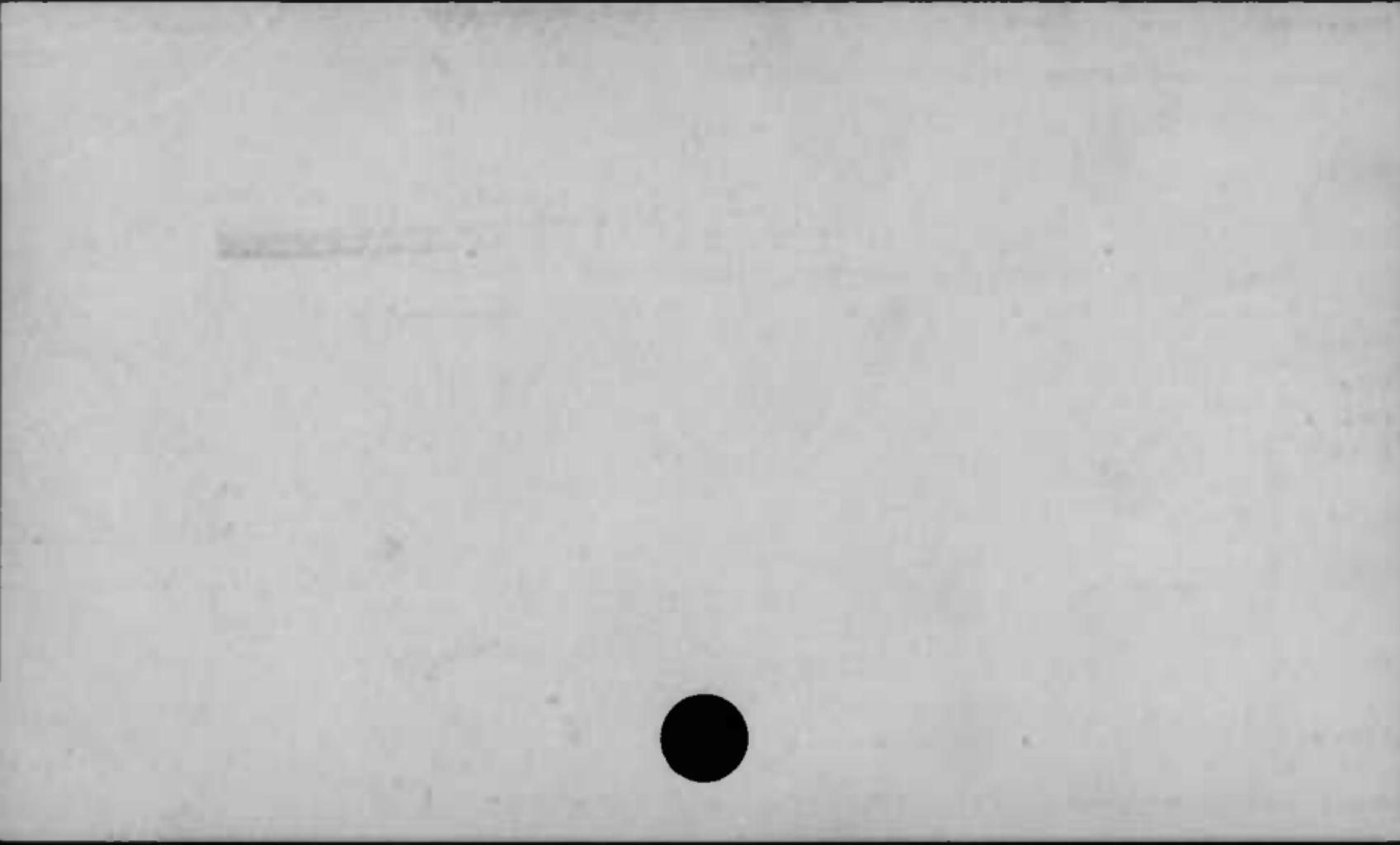
Grover Broadhurst MD

Address

100 Va. Ave.

Cumberland Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mary E Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1902		Month 11	Day 2	Years 60	Months -	Days -	
Sex	Female	Color or Race	Occupation		Birth-place		
Married, Single or Widowed	Married				Baltimore		
Name of Husband	Albert Wright						
Father's Name					Father's Birthplace		
Mother's Maiden Name	Mary E Myers		27		Mother's Birthplace		
Name of person giving information	S. E. Wright				How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Tuberculosis of Chest

How long

Immediate

How long

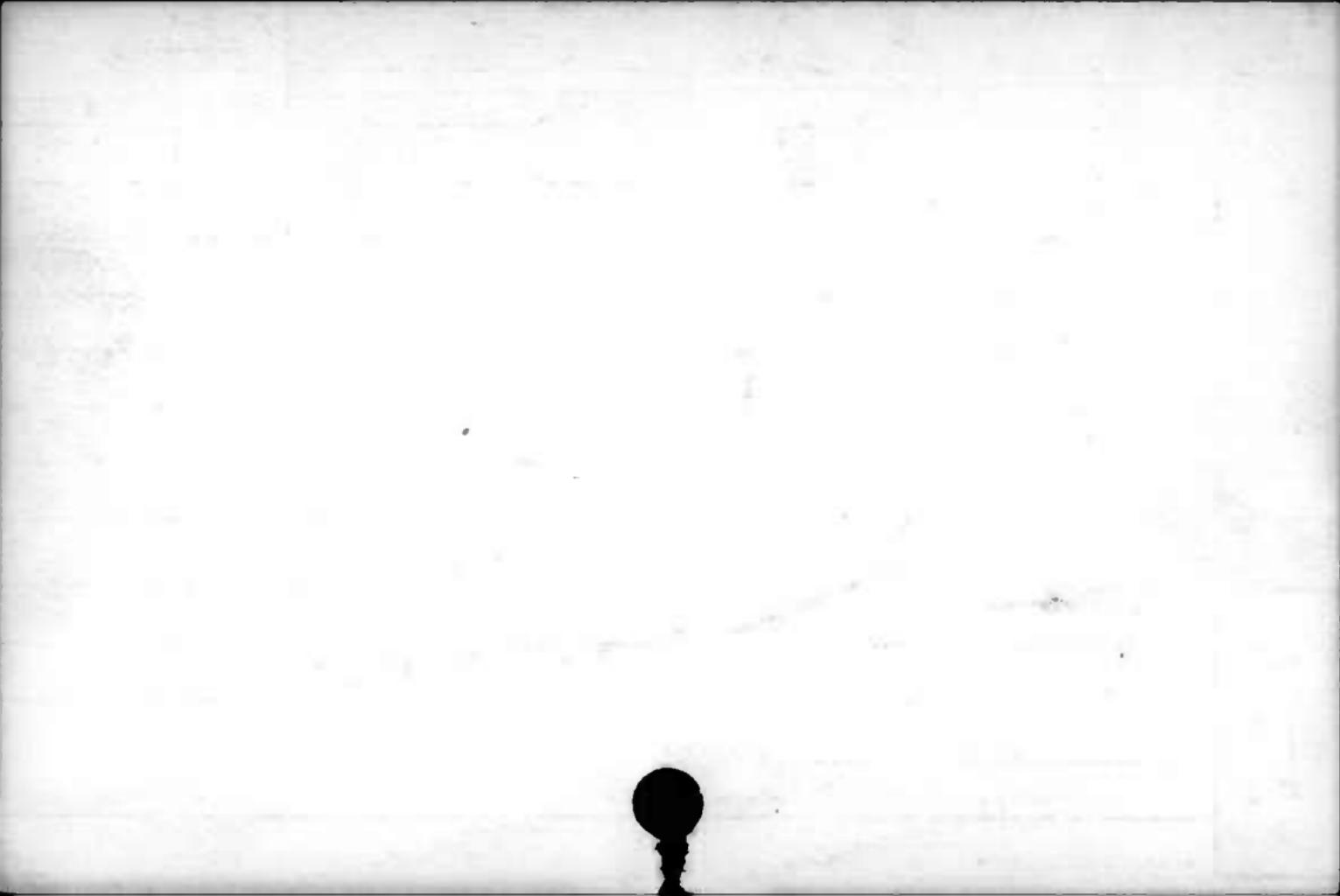
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Collegiate  
Ave. 12th  
Baltimore  
Md

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1902	Month Nov	Day 17 <sup>th</sup>	Age Years	Months	Days
Sex	Female	Color or Race	Colored	White	Birth- place	
Married, Single or Widowed		Occupation	Housewife			
Name of Wife or Husband	Michael Gippe					
Father's Name						
Mother's Maiden Name	X5					
Name of person giving Information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Carcinoma.

How long

One year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

G.B. W. Jones  
Cumberland, Md.

Accident or Suicide?

